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	Subs	Substitute for form 1449/PTO			Complete if Known			
					Application Number	10/559,400		
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INFORMATION DISCLOSURE STATEMENT BY APPLICANT					First Named Inventor	John C. Opie		
	S			-	Art Unit	3763		
		(Use as many sh	ieets as	necessary)	Examiner Name	Not Yet Assigned		
	Sheet	1	of	1	Attorney Docket Number	032303.00018		

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Examiner Initials*	Cite No. ¹	Document Number Number-Kind Code ^{2 (if known)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
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		Country Code ³ -Number ⁴ -Kind Code ⁵ (<i>if known</i>)				Т
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